

Application/Control Number: 10/568,004
Art Unit: 3735
March 24, 2009
Page 7

Remarks

It is observed that the Examiner rejected claims 11-15 and 17-19 as being anticipated unpatentable over Chen (US 6,332,867) in view of Caro (US2002/0095090) and claims 16 and 20 as being unpatentable over Chen and Caro in view of Barker (US 5,201,230).

According to the Examiner, Chen discloses a device adapted to detect and store all the sphygmnic pulses generated by the arterial pulsation and to identify the pulses that correspond to appearance and disappearance of wrist beat.

Chen would instead fail to teach intervention of an operator to detect the sphygmnic pulses and of the operator for a subsequent judgement of said sphygmnic pulses.

Caro would instead teach the operator manual intervention and thus the combination of Chen with Caro would lead the skilled man in the art to devise a device and a method as currently claimed.

It is respectfully observed that neither Chen, nor Caro, nor Barker do teach a device and/or a method wherein the sphygmnic pulses are detected in chart form. In other words, none of the cited prior art documents disclose a device and/or a method wherein the arterial pulses are detected; all the prior art documents detect that values of the various measurements, without providing the chart of the pulses, that is the chart that graphically shows the pulses (not only their value).

This is a key difference between the applicant's claimed invention and the prior art documents.

As a general consideration, Chen discloses a device (and a method) that allows to store the results of three or more measurements and calculate the best estimate of the average of the measurements, discarding the first one.

Chen does not allow to store the sphygmnic pulses, that is, no chart is stored, but only values.

Application/Control Number: 10/568,004
Art Unit: 3735
March 24, 2009
Page 8

Thus, the operator is not allowed to have a look at the chart so as to evaluate the correctness of the chart and thus of the peak values.

What stated above is confirmed by the fact that Chen discloses, for example at column 7, that values of the blood pressure measurements are taken and reported, as also indicated in figure 3A, steps 108, 110 and 112.

The aim of Chen is thus to provide the values of systolic and diastolic pressure in digital form, but the pulses that brought to such values cannot be examined a posteriori, since Chen does not store the pulses, as above said.

Even if an operator is employed together with the device of Chen would not lead to what is claimed in independent claim 11.

In fact, the operator would not be able to:

- analyze the pulses from which the device has derived the values of the arterial pressure (systolic and diastolic values);
- compare the pulses detected by the operator with those detected by the device.

The above difference is at the basis of a totally different inventive concept, since the "chart of the sphygmnic pulses" has nothing to do with the values of the systolic and diastolic pressure. The former is a chart that graphically indicates the pulses, while the latter are only the values that have been detected as corresponding to the systolic and diastolic pressure.

The above difference could be visualized, to better understand the applicant's argument, as the difference between a continuous detection and a discrete detection, that is a detection that is made only at certain points, in this case the points where the systolic and diastolic values are measured.

Even Caro does not disclose the detection of the sphygmnic pulses, but only of values of systolic diastolic pressure. The term "blood pressure waveform" that is used in Caro relates

Application/Control Number: 10/568,004
Art Unit: 3735
March 24, 2009
Page 9

to the display of a continuous curve that reflects the pressure values at different times, as detected by the device.

Thus, the curve does not show the pulses but is constructed by the pressure values: it is a curve made of pressure values and not a curve that reflect the pulses.

Thus, even the combination of Chen with Caro would not lead the skilled man in the art to a device and a method as claimed in pending claims 11-20.

The applicant has also drafted a new set of claims 21-30, wherein independent claim 21 recites, in addition to the features of claim 11, the feature of the scale printed on the cuff has been introduced, such scale being adapted to determine the circumference of the arm of the patient when the cuff is applied to the patient.

Support for such feature can be found from page 6, line 29 to page 7, line 14 of the originally filed specification.

Such feature is neither disclosed nor suggested in any of the cited prior art documents.

The measurement of the circumference of the arm of the patient is then used as a corrective factor for the arterial pressure measurement.

The applicant has also drafted a new independent claim 27 wherein the step of identifying the circumference of the arm of the patient has been introduced, together with the step of using such value as a corrective factor in the arterial blood measurement.

The new independent claims 21 and 27 are also believed to be both new and unobvious over the prior art of record

Application/Control Number: 10/568,004
Art Unit: 3735
March 24, 2009
Page 10

The application is thus believed to be in order for acceptance and allowance thereof is respectfully requested. Should the Examiner need further clarifications, an informal interview with the Examiner would be appreciated.

In any case the applicant is open to any suggestion the Examiner may have to improve the wording of the claims.

Respectfully submitted,


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